

MINUTES OF MAY 30, 2000  
PARAMEDIC TASK FORCE MEETING  
Alameda County EMS Agency  
Oakland, CA

MEMBERS	EMSA STAFF	ALTERNATES	MEMBERS	ALTERNATES
<u>PRESENT</u>	<u>PRESENT</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>ABSENT</u>
Debbie Becker	Richard McSherry	Linda Anderson	Dean Anderson	Jim Allen
Bill Cody	Nancy Steiner	Michael Harris	Bill Bower	Dave Magnino
Sabina Imrie	Connie Telford	Nancy Justin	Carol Gunter	Dick Mayberry
Jan Ogar	Richard Watson	Mike Metro	Jim Holbrook	David Nevins
Kevin Rittger			Bill Koenig	Frank Pratt
Kathy Sher			Marshall Morton	
Kevin White			Tony Pallitto	
			Sam Stratton	

**I Review and Approval of April 25, 2000 Meeting Minutes**

The minutes were approved with no changes.

**II Setting of the Agenda**

There were no changes to the Agenda.

**III Draft Model Disciplinary Orders**

Draft Model Disciplinary Orders

The Paramedic Task Force (PTF) members reviewed the draft Model Disciplinary Orders for the final time. The final changes to the document included:

- changing the term "paramedic" to "respondent" throughout the document where appropriate;
- adding to all references of notification to EMSA to include: shall be sent by certified mail;
- some wording changes to condition of probation number 4, Employment Notification;
- changing "must" to "shall" throughout the document where appropriate;
- some wording changes to condition of probation number 12, Performance Improvement Plan; and,
- grammatical and typographical changes.

Richard McSherry will send the final draft of the Model Disciplinary Orders to the PTF on the list serve for a final review before this document goes out for an informal public review and comment. The Model Disciplinary Orders will not be on the next agenda.

Proposed Standards for Denial/Revocation of a Paramedic License

Section (g) will be reworded to give "the Authority" the discretion.

Richard McSherry will check on other administrative laws that have provisions stating that the Administrative Procedure Act is not available in cases where denial/revocation is made mandatory by law.

**IV Statement on Scope of Practice**

Nancy Steiner distributed a matrix of comments received from public comments. Discussion on this item was deferred until the next meeting to give the PTF members time to review the comments.

**V Continuing Education**

The PTF began discussion on the requirements for continuing education (CE). Nancy Steiner distributed the National Registry (NREMT) requirements for CE to use as a starting point for discussion. She explained the reason for having the PTF review CE requirements was that during the last revision of the paramedic regulations there was some controversy and last minute changes made regarding CE without a lot of research done, such as putting an eight hour limit on certain types of CE and eliminating the two categories of CE. There was some concern that what we currently have in regulations may not be the best for ensuring that paramedics stay effective in their skills and knowledge. She also explained that the task for the PTF should be to ensure that the requirements for CE are comprehensive enough to ensure that the paramedic remain effective in doing his/her job. Some of the ideas/thoughts of the PTF members regarding CE were:

- The provider agencies are responsible for assuring the quality of work performed under their name.
- The discussion of CE should be under two categories: the maintenance of basic knowledge skills, and true CE which is to bring in more knowledge and to enhance the basic knowledge and skills.
- The paramedic operates under a physician's license and needs to have a well rounded, on-going education process that keeps skills maintained.
- Nurses aren't required to take any specific CE, however, the agencies are more involved and the hospitals are under more regulation from JCHO than the provider agencies are now. If you're working in a hospital you have certifications that you are required to keep that are above and beyond the 30 hours of CE required, and the hospital is responsible for checking skills and the provider agencies don't have that currently.
- The provider agencies are required to have a QI program approved by the local EMS Agency that must include skills verification.
- Nurses can retain their license with 30 hours of any kind of CE.
- Paramedicine is a specialty area and that's a difference between nursing as broad based and paramedicine. For the specialty areas in nursing there is much more focused CE required.
- We need to factor into this that paramedics have almost totally independent function. There is nobody out there overseeing their skills.
- Paramedic CE is not like physician CE. A physician can put new skills, knowledge, and techniques into practice; a paramedic cannot.
- Paramedic CE should ensure continued competence.
- The NREMT refresher format is helpful but not necessarily every two years. Maybe every four or six years so that over a period of time there is some assurance that all topics are covered during basic CE.
- Would like to see this type of refresher training every four years and every two years have some kind of assessment for skills and knowledge.
- Before we try to solve the problem, what is the problem? Where is the incompetence? Where has it been demonstrated that the system that we currently have does not work adequately? Before we try to make major changes, we need to define the problem before we can find a solution.
- In our organization we had our educator develop a core knowledge competency test designed to question what we believed were the basic tools that a paramedic should have competency wise and the results were not acceptable. To bring it up to an acceptable level we have hired several nurse educators to develop a prescriptive education program with identified needs and weaknesses that we saw as the results of the competency test.
- We should, in conjunction with CE, look at the CQI requirements. Look at making some changes to the CQI

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-Would like to see the medics complete assessment evaluations and then leave the remaining CE hours with more open options.

-There will be counties that do not have the manpower or time to do the assessments.

-The assessment should lie with the provider. There will be a trade off of costs for the providers that pay for CE now. The costs that were going to all of the CE hours could now go partly to this assessment and partly to the remaining hours of CE that would not be restrictive and be more valuable to the paramedic.

- If there were provider responsibility for validation of competency, some sort of an assessment measure, then CE could be left up to the individual. Current and past CE regulations don't ensure competency.

- Have something put into the part of the regulations that addresses the responsibilities of the provider agencies that they ensure competency of their employees.
- If there could be some definition, maybe some narrowing of the CQI section in Title 22, that states an approved ALS providers will..., and layout what a CQI program is, rather than a broad statement and have a CQI program approved by the local EMS Agency.
- There needs to be a mechanism for paramedics that want to maintain their license that are not employed by an ALS provider.
- I support the separation of maintaining competency from true CE which would not have to be structured or restricted if the competency issues have already been addressed.
- The task at hand would be to write language in the provider agency section of the regulations that would give some structure to an agency that wants to start to provide assessment stations.
- We need to establish outcome goals rather than telling the provider agencies how to do their work. If we focus on goals and outcomes instead of processes and methods, then through guidelines we can provide the information the providers and the local EMS agencies need to properly monitor the program.
- Perhaps the paramedic for his/her renewal could submit a document that shows what the ALS providers mechanism was for the evaluation/assessment and how the person fared that's similar to what NREMT does.
- It would be helpful if there is both a knowledge assessment and a manual or performance assessment especially for seldom used skills.
- There should be a mechanism to address paramedics that are not working for an ALS provider agency, such as an inactive status, that wish to maintain their license.

After the discussion listed above, the PTF decided to work toward looking at both the CQI process for providers to assure that paramedics are functioning or performing adequately, and the CE requirements in the regulations, and address both issues. Jan Ogar will try to do some research and bring back to the PTF some language from the Joint Commission or hospitals regarding what they have used as far as policy or language to mandate these issues.

Nancy Steiner will send out an e-mail to those that weren't in attendance at this meeting to let them know what the discussion was and what the PTF is doing and ask them to bring anything that they have ideas on.

## **VI Future Tasks for the Task Force**

There was some discussion regarding new paramedics and whether they may need a period of time with a mentor, or in an apprenticeship capacity, after they have completed their initial training. One of the problems mentioned was that there is already an unavailability of preceptors during the internship phase of paramedic training. Another issue is that students are entering paramedic programs without enough practical experience, and that maybe there should be a requirement that a student be an EMT for a specified period of time before being admitted to a paramedic program, or have a higher age requirement.

A spreadsheet that was created by the International Association of Firefighters was distributed to the PTF members that compares state by state the training hour requirements and content for EMTs and paramedics.

## **VII Adjournment**

The meeting was adjourned at 3:15 p.m. The next meeting will be June 20, 2000 at the Ontario Airport.